

Case Number:	CM15-0244795		
Date Assigned:	12/24/2015	Date of Injury:	06/03/2005
Decision Date:	01/29/2016	UR Denial Date:	11/20/2015
Priority:	Standard	Application Received:	12/16/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58 year old male, who sustained an industrial injury on 06-03-2005. He has reported injury to the low back. The diagnoses have included intractable pain; ongoing right greater than left leg radiculopathy; sacroiliac joint dysfunction; status post right L5-S1 laminotomy, mesial facetectomy and foraminotomy and right L5-S1 osteotomy of fusion mass overgrowth to perform L5-S1 laminotomy; status post previous L4-S1 anterior and posterior fusion; and status post bilateral L5-S1 laminotomy with evaluation of fusion mass. Treatment to date has included medications, diagnostics, injections, physical therapy, psychotherapy, and surgical intervention. Medications have included Norco, Celebrex, Amitriptyline, Mobic, Topamax, Alprazolam, Restoril, Lunesta, and Omeprazole. A progress report from the treating physician, dated 11-05-2015, documented an evaluation with the injured worker. The injured worker reported that he continues with ongoing difficulty with significant low back and left lower extremity pain; the pain is reduced to a more tolerable level with use of the medications; the pain is rated at 7 out of 10 in intensity without medication, and is reduced to 4-5 out of 10 with the use of medication; and there are significant differences in activity tolerance with the use of the medication, including being able to walk for up to 20minutes at a time with the use of Norco, versus only 5 minutes without the medication. Objective findings included he ambulates with an antalgic gait with the use of a single point cane; there is tenderness and guarding in the lumbar paraspinal musculature; and range of motion of the lumbar spine is decreased secondary to pain. The treatment plan has included the request for Norco tab 10-325mg #60 for 30 days supply med

20. The original utilization review, dated 11-20-2015, non-certified the request for Norco tab 10-325mg #60 for 30 days supply med 20.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco tab 10-325mg #60 for 30day supply med 20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, steps to avoid misuse/addiction.

Decision rationale: Norco tab 10-325mg #60 for 30-day supply med 20 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS supports monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The MTUS does not support ongoing opioid use without improvement in function or pain. MTUS states that opioids for chronic low back pain appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. The documentation reveals that the patient has been on long term opioids for chronic low back pain without overall evidence of significant change or increase in function. A urine drug screen dated 9/10/15 was negative for Norco. The patient was out of his medications early suggesting misuse of opioids. There have been multiple prior requests for weaning and despite inconsistencies in urine drug screens and long-term use of opioids for chronic low back pain, which is not supported by the MTUS, the Norco continues to be prescribed. Due to the fact that Norco is not being prescribed in accordance with the MTUS Guidelines the request for continued Norco is not medically necessary.